

**REQUEST FOR HIRING FREEZE EXEMPTION**

Request Date: \_\_\_\_\_ Request Number: \_\_\_\_\_

Department Org Code: \_\_\_\_\_ Department Name: \_\_\_\_\_

Agency Org Code (if applicable): \_\_\_\_\_ Agency Name (if applicable): \_\_\_\_\_

Does this request include attachments? Yes ☐ No ☐ Please indicate the total number of pages: \_\_\_\_\_

**A. Type of Exemption: (choose one)**

- ☐ Specifically Identified as Required by Statute ☐ Imminent & Urgent Public Health and Safety Threat  
☐ Declared Emergency ☐ Financed by Other Funds

**B. Reason for exemption(s):**

**C. Consequence if exemption(s) not granted:**

**D. Will exemption(s) result in future exemption(s)? YES ☐ NO ☐; if yes, provide explanation:**

**E. Appropriation:**

Item of Appropriation

Amount of Appropriation

- -  
- -  
- -

\$  
\$  
\$

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_ 0

**F. Position Data:**

Position Number:

\_\_\_\_\_

Classification Title:

\_\_\_\_\_

Salary Range:

- \_\_\_\_\_

Requested Effective Date:

\_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Telephone Number:** ( ) - ext. \_\_\_\_\_  
(type or print)

**G. Signature:**

If approved, I certify that the above requested action has been evaluated and that the needs described above cannot be met in any other manner than by obtaining this exemption.

Department	Agency	Department of Finance
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
_____ Director/Date	_____ Agency Secretary/Date	_____ Deputy Director or Designee/Date